

3628 09/59/14 09/59/14 36E1  
LIST IN LIEU OF POSTCARD TO BE RETURNED IN STAMPED SELF-

09/59/147 ADDRESSED ENVELOPE

Carol A. Truett PhD

UTILITY PATENT APPLICATION - 6-9-00

UTILITY PATENT APPLICATION TRANSMITTAL - 1

FEE TRANSMITTAL FOR FY 200 1

MONEY ORDER FOR \$345.-

STATEMENT CLAIMING SMALL ENTITY STATUS - 1

UTILITY PATENT APPLICATION - SPECIFICATION - 6 PAGES

DRAWINGS - FIG 1 & 3

DECLARATION - 2 PP

EXTRA MATERIAL

POSTER SESSION 5 PP

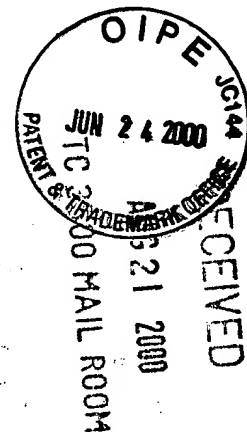
POSTER SESSION PROGRAM SHOWING WHEN I PRESENTED 6-10-99

PLAN OF RESEARCH 5 PP + 2 FIGURES 1 & 3, & 1

DESIGN PROPOSAL - 2-14-00 - 2 PP + FIG 1 & 3

DESCRIPTION OF MODEL 'S USE FOR QUALITY CIRCLES IN THE WORKPLACE

6 PP INCLUDING MODEL ( FIG. 1 & 3



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AUG 10 2000  
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6-24-00

- 1) PROPOSAL/ REVIEW OF LITERATURE METHODS, HYPOTHESES-5TH VERSION, 11/89.
- 2) P. 160 (& 161), CHRIS ARGYRIS', OVERCOMING ORGANIZATIONAL DEFENSES.....  
RE: NEEDING INFO CONCEPT MENTIONED IN MY MODEL.
- 3) REVISED ABSTRACT OF DISCLOSURE - REPLACEMENT P
- 4) REVISED FIG 2 (ADDED 1 LEGEND ITEM & DEFINITION (BOS=BOUNDARY SPACE)
- 5) REVISED SPECIFICATION ESPECIALLY ADDED HYPOTHESES TO BRIEF SUMMARY  
OF THE INVENTION (Revised Summary)
- 6) REVISED UTILITY PATENT APPLICATION TRANSMITTAL - 1

EE 581 540 381 US

2900



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WASHINGTON, DC 20231

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I LOOK FORWARD TO HEARING FROM YOU.

SINCERELY,

*Carol A. Trufant*

CAROL A. TRUFANT, PH.D.  
LICENSED PSYCHOLOGIST  
CALIFORNIA & WISCONSIN

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99/591147  
99/124705  
CAROL A. TRUFANT, PH.D.  
P.O. Box 14695  
BERKELEY, CA 94712-5695  
JUNE 24, 2000

#3/ht w/ attachments  
Wjurg-  
12/10/02  
FOLLOW-UP CORRESPONDENCE  
RE: UTILITY & DESIGN  
APPLICATIONS

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JUL 28 2000  
OIPE/JCWS

REVISED

Please type a plus sign (+) inside this box → ☐

PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>		Attorney Docket No.
		First Inventor or Application Identifier
		Title
		Express Mail Label No.
		C. TRUFANT
		AN INTERGROUP WORKING MODEL FOR
		EE 672 257 550 US

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)	<b>ACCOMPANYING APPLICATION PARTS</b> 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment ARTICLE, P. 160 12. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (161); <small>(Should be specifically itemized)</small> PROPOSAL 13. <input checked="" type="checkbox"/> * Small Entity Statement filed in prior application, Status still proper and desired (PTO/SB/09-12) 14. <input type="checkbox"/> Certified Copy of Priority Document(s) PROG <small>(if foreign priority is claimed)</small> COPY OF PS; 15. <input checked="" type="checkbox"/> Other: POSTER SESSION, 6/99 PLAN OF R.S.R.C.H. 2000: MODEL AS DESIGN, 2/00: QUAL. CIRCLE USE 3/00	
2. <input checked="" type="checkbox"/> Specification [Total Pages <input type="text"/> ] <small>(preferred arrangement set forth below)</small> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies		
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <input type="text"/> ]			
4. Oath or Declaration [Total Pages <input type="text"/> ] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <small>(for continuation/divisional with Box 16 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).			
<b>* NOTE FOR ITEMS 1 &amp; 11: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</b>			

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:  
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

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or ☒ Correspondence address below

Name	CAROL A. TRUFANT				
Address	P.O. BOX 14695				
City	BERKELEY	State	CA	Zip Code	94712-5695
Country	USA	Telephone	510.653-1294	Fax	-

Name (Print/Type)	CAROL A. TRUFANT, PH.D.	Registration No. (Attorney/Agent)	
Signature	<i>Carol A. Trufant</i>	Date	06-09-00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

*Carol A. Trufant*

6-24-00

EE581540381US

Carol A. Trefant PhD

In the United States Patent and Trademark Office

Mailed 200 6-9-00

Box Patent Application  
Assistant Commissioner for Patents  
Washington, District of Columbia 20231

Sir:

Please file the following enclosed patent application papers:

Applicant #1, Name: CAROL A. TRUFANT Ph.D.

Applicant #2, Name: \_\_\_\_\_

Title: An INTERGROUP WORKING Model for Social Conflict

☒ Specification, Claims, and Abstract: Nr. of Sheets 6 on application Resolution

☒ Declaration: Date Signed: 6-9-00

☒ Drawing(s): Nr. of Sheets Enc.: Formal: 2 Informal: \_\_\_\_\_

☒ Small Entity Declaration of Inventor(s) ☐ SED of Non-Inventor / Assignee / Licensee

☐ Assignment enclosed with cover sheet and recordal fee; please record and return.

☒ Check for \$ 345 for: Utility + \$155. for Design

☒ \$345 + 155. for filing fee (not more than three independent claims and twenty total claims are presented).

☐ \$ \_\_\_\_\_ additional if Assignment is enclosed for recordal.

☒ Information Disclosure Statement, Form PTO-1449, and listed references. abstract of ?

☐ Disclosure Document Program reference letter.

☐ Pursuant to 35 U.S.C. §119(e)(i), applicant(s) claim priority of Provisional Patent Application Ser. Nr. \_\_\_\_\_  
filed \_\_\_\_\_

☒ Return Receipt Postcard Addressed to Applicant #1.

☒ Request Under MPEP § 707.07(j): The undersigned, a pro se applicant, respectfully requests that if the Examiner finds patentable subject matter disclosed in this application, but feels that Applicant's present claims are not entirely suitable, the Examiner draft one or more allowable claims for applicant.

Very respectfully,

Carol A. Trufant  
Applicant #1 Signature

Applicant #2 Signature \_\_\_\_\_

Address (Send Correspondence Here)

PO Box 14695  
Berkeley CA 94712-5695

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6-9-00

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Date by 7/00	<input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$3
Mo. Day Year	Military <input type="checkbox"/> 1st Day <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Refund, Receipt Fee \$8.25
Time in AM <input type="checkbox"/> PM <input type="checkbox"/>	Accepting Clerk Initials [Signature]	COD Fee
Weight 0.15	With Alpha County Code	Insurance Fee
lbs. ozs.		Postage & Fees \$1.72
No Delivery <input type="checkbox"/> Weekend <input checked="" type="checkbox"/> Holiday		

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Express Mail Corporate Acct. No.	
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[illegible]

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